FOR INSTRUCTIONS, SEE BACK OF FORM	FORM	•
DISCLOSURE SUMMARY PAGE	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 01/2001)	REPORT
Dennis for Iowa State House	For Office Use On	ly
IMPORTANT: Indicate type of committee you are reporting for:	Comm. #	365
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate	Indexed	
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support State of Candidates	Audited	5
	.	
CANDIDATE COMMITTEES ONLY:	AETHORS (SALE	ALSN T
Candidate Name Political Party	DISCLOSURE BO	ARD .
Ervin A. Dennis Republican	FEB 1 0 200	
Office Sought Towardouse of Representative #19	- CD I 0 206	4
	LED	. 699
B La Vada Dennis 319-266-2432 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	<u></u>	
CHARLEST OF THE ADDITION OF THE PERSON OF TH	DATE ORG	
Routine Penalties Due For Late Filed Reports Range from :	\$20 to \$800	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:		
I AM FILING A May 15 02 - May 28 02 REPORT FOR ANA (1) ELECTION	/(2)NON-ELECTIO	YEAR.
(report date) Indicate of		
	ommittees, enter Date	of Floation
	ne.402	o Electron
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County	& Local Committees, er	iter County in
(You must continue to file reports until a Notice of Dissolution is filed.)	lection is held	
STATEMENT OF CASH ON HAND		•
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held		
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end	2006	21 -
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	_8026	.2[-
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)		
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	1020	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1020	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1020	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1020	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1020	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	9046	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	9046	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) **ADD TOTAL MONEY TAKEN IN THIS PERIOD* Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	9046	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	9046	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) **ADD TOTAL MONEY TAKEN IN THIS PERIOD* Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	9046 7439	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) **ADD TOTAL MONEY TAKEN IN THIS PERIOD* Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	7439 1606	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	7439 1606	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	7439 1606	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monles held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	7439 1606	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	7439 1606	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	9046 7439 1606	.00
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	9046 7439 1606	.00

1. A A	_
05/31/02 20:48 FAX 1+319+266+5042 ERVIN A DENNIS FOR INSTRUCTIONS, SEE BACK OF FORM	FORM
DISCLOSURE SUMMARY PAGE	DR-2 pisciosi
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 01/2001) REPORT
Dennis for Lowa State House	For Office Use Only
IMPORTANT: Indicate type of committee you are reporting for: MAY 3 1 2002	Comm. #
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support State of Candidates	Audited
CANDIDATE COMMITTEES ONLY:	
Candidate Name Political Party	
Fruin A. Dennis Rep.	
Office Sought District (if Sonate or Touse) Town House of Representative #19	
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from !	\$20 to \$800
EEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	
AM FILING A May 15-02 - May 28-02 REPORT FOR ANA (1) ELECTION	/(2)NON-ELECTION YEAR
(report date) Indicate of	
CHECK IF AMENDMENT TO REPORT DATED [Local C	ommittees, enter Date of Election
	ine. 4 02.
	& Local Committees, enter County in ection is held
STATEMENT OF CASH ON HAND	
ASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	8026.21
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	184500
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	•
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL\$	9871.21
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	7439.59
Schedule F: Loan Repayments total (Attach Schedule F)	
ASH ON HAND at the end of this reporting period (If final report, balance must	
be zero) (Attach DR-3)	2431,61
NPAID BILLS (From Schedule D - Altach Schedule D)\$	
KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	
UTSTANDING LOANS (From Schedule F - Attach Schedule F)\$	
· · · · · · · · · · · · · · · · · · ·	
NDIDATE COMMITTEES ONLY:	
NSULTANT BREAKDOWN (Schedule G Attached?)	YESNO
LUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _	

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be sai	me as on Statement	t of Organization)	•]
Dennis				touse.

SCHEDULE MONETARY
(Rev. 06/97) RECEIPTS

CHECK THIS BOX
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), UST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 1D NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of Information copied from reports and statements for soliciting contributions for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	T
RECEIVED	(if applicable)		TO CANDIDATE* (If applicable)	RECSIVED	
(MM/DD/YF)	AND MASS CHECK		(app		
	ID#	Salim MD		s	
	CK# 2163	4018 sturgis Dr.		15.00	1
05-16-02		Cedar fall's IA 50613	<u> </u>	/8)	+
	ID#	Brobst Daniel W - Carol M.			
5-17-02	CK# 5-949	115 Carmela St.		50.00	
	ID#	Buck, Dennis W Jane L	•		T
		1812 W. 3th St.			
5-17-02	CK# 2593	Cedar falls T. A - 50613		25.00	L
	1D#	Sindlinger w.W Joan P			
5-17-0a	CK# 7922	lai woodlown Rd.	· · · · ·	25.00	
5 17-02		Waterloo, IA 50701		43,00	H
	ID#	Porter Darrel J.	ļ		
5-17-02	CK# 6614	5301 S. Main st. Cedar folls IA 50613		100,00	ĺ
	ID#	Jackson Kenneth L.			
_	CK#	827 Westwood Dr.			
2-18.07	CK# 3440	cedar folls I1 50613-1745		40.00	_
	ID#	madson B11. J Dixie		•	
	CX# 50 //	1526 W. D# St.	1	130.00	
5 -22-62	CK# 8415-	Cedar falls, IA 50613			
	· <u>-</u> ··	Bosley, Hilen M.			
5-22-02	CK# 2000	Cedar falls IA 50613		25.00	
	ID#	Graverholz, Waldean-Pauline			_
C 00 - 0	CK#	3018 Grand Blud.			
5-22-02	CK# 9.560	Cedar falls IA 50613		10.00	
	ID#	Minehart, Jack			
-22-02	CK# 5.577	3016 Veole St.		20.00	
		Cedar falls I A 50613-5963	TUD TOTAL		_
			SUB-TOTAL S	44000	
		TOTAL (if la	est page of this		

Disclosure law requires candidate committees to disclose the relationship of any relative making a committee to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____

schedule) \$

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal lunds)

COMMITTEE NAME (Must be same as on Statement of Organization)

MONETAR (Rev. 06/97) RECEPT CHECK THIS BOX

AMENDING FORN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPLION DISCLOSURE BOARD.

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					_
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND MAC CHECK NUMBER		RELATIONSHIP TO CANDIDATE (If applicable)	- AMOUNT RECEIVED	Z B A
5-23-02	CK# 7/33	Burfeind Ray-Judy 2216 Highgate Ln. Cedar falls IA 50613		\$ 3500	
5-23-02	ID#	Eschweiler Steve-Debra 4103 Crestview Dr. Cedar foils IA 50613		25.00.	
<i>5-23-</i> 02	ID# CK# /627	Engel, Dianne M. 1027 Columbine Drive Cedar folls, IA 50613		15.00	
05-23-02	ID# CK# 3676	Hoer Kenneth-Jean 1921 Newmon Ave Cedor falls, I A 50613.4343		40.00	•
os 25-02	CK# &999 3	Caquelin, Kenneth - Norma 2320 Rain bow Ccoor falls IA 50613	•	30.00	
5-25.02	CK# 4145	Erickson, Orvillo JJennifer: 2311 Franklin Cedar falls J.A 50613		25.00	
5-a5.0a	CK# 6489	Larsen Homer-Eunice 1013 Ellen St. Cedor falls IA 50613		25.∞	
1	D# 2504	Anderson M. Merle 1721 Crescent Dr Cedar falls TA. 50613		50.00	
	ID#	Satre, Clifford-Margaret 219 Angie Dr. Cedar Polls TA 50613	6	25.00	
	1D-4	Thomson Leland. solu w. 8rd Codar falls IA 50613		15.00	
			SUB-TOTAL \$	28500	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

TOTAL (if last page of this

schedule)

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal hinds)

Dennis for Iowa State House

SCHEDULS A (Rev. 06/97)	MONETAR RECEPTS
	CK THIS BOX NOING FORN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 1D NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPLIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions for any commercial purpose by any person other than statutory political committees.

			14		
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND BAG CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (If applicable)	- AMOUNT RECSIVED	4 F 55
	ID#	Transfer Cura			IN
_		Love Troy - Susan 925 Lokeshore Dr.		\$	1
5-28-02	CX# 2794	Cedar Falls IA 50613		10.00	
	ID#	Voorhees Peter E Marilyn S			
05.28.02	CK# 3475	3402 Pheesent Dr		10.00.	
03 001	1D#	Cedar folls IA 50613	 	70.00	
		Henry, Glen-Karen	f		
05.28-02	CK# 6405	Cedar talls IA 506/3		10.00	
	ID#	Potter, IC - Marjorie I.			
0 (0 0 0 0	CK# 5 3 94	2210 Rainbow Dr.		25.00	
02-28-02	0 3 7 4 10#	Cedar Folls, IA 50613		23,00	
		Van Gerpen, Harlanw Bety J.		·	
05-28-02	CK# 470 6	Cedar falls In 50613		20.00	
-	ID#	Jorgensen Jerry			
	СК# СДИ О	1224 '24n th'		50.00	
05-28-02	ا مودد دو	Waverly IA 50677		30.00	
	ID#	Waverly IA 50677 Peters Davids - Cindy K.		.	
05-28-02	CK# //68	7044 Beaver Meadows Ln		25.00	
	77 0 0	Cedar Falls, LA 50613			
		Strever Horola B. Jr.		. [
05-28-02	CK# 1504	P.O Box 607 Cedar falls I A 50613] .	a5.00	
	ID#	, = 7,000,00			
	CK#				
	D#			}	
	CK#			ļ	
			SUB-TOTAL	201	
		•	SOB-IOTAL	1750	

TOTAL (if last page of this schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by markage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____of ____

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
(Rev. 09/97)	MONETAR EXPENDITU
	K THIS BOX!

COMMIT	TEE NAME (Must be	e same as on Statement of Organization	, .	
Den	inis for	Lowa State	House	
DATE EXPENDED (MM/DD/YR		NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	Vision Development		
05.15-02	CK# 1026	1508 Starbeck Circl Cedar fails, IA		\$ 2275.0
	ID#	FRS Industries	large yard signs	
65-15-02	•	64 N. 4th Fargo ND.		437.0
	1D#	BH County Elections	Labels	
5-17-02	CK# /02 &	Office Waterloo IA		19.00
_	ID#	Congdon Printing	Printing - Envelopes	٠.
5-17-62	CK# 1029	Cedar falls, IA 50613		1434.67
	ID#	Postmaster	Postage 2 nd	
5-17-02	CK# /030	Cedar falls, IA	Postage - 2 nd mailing	719.17
	ID#	Postmaster	Postage	
5-17-02	CK# 1036	Cedar falls, IA		2.06
	ID#	BH. County Elections	Labels	
5-20-02		office.	Labels	28.00
	ID#	Postmaster	Bulk Stamps	
5-20-02	CK# /033	Waterloo		100.00
			SUB-TOTAL	\$ 9745,94
			manufacture (1)	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(1).)

Page ______ of ______

TOTAL (if last page of this schodule

Sub-Total

5014.92

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES. LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

(Rev. 09/97)	MONETARY EXPENDITUR

CHECK THIS BOX II

COMMITTI	EE NAME (Must be	same as on Statement of Organization)		
Deni	nis for	Lowar State	e House	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05-24 1634	ID# CK# 1034	Post master waterloo	mailing	\$381.
05-24	CK# /035	Void		
05·2#	ID# CK# /036	FRS Industries 64 N. 4+5 st. Fargo, ND 58102	magnith signs Lobels Yard signs	1476.5
5-25-02	ID# CK# _{/037}	Congdon Printing 115 E2 mel Cedar falls IA	2nd mailing.	566.6
	ID# CK#			
1	ID# CK#	÷		
	ID# CK#			
	ID#			
			SUB-TOTAL	\$ 2424.67

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(1).)

Page 2 of 2

TOTAL (if last page of this schedule)

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal lunds)

COMMITTEE NAME (ME	ıst be same	as on Statement of	f Organization)	
Dennis	for	Lowa	State	House

SCHEDULE

MONETAR

(Rev. 06/97) RECEPT:

CHECK THIS BOX

AMENDING FORN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions for any commercial purpose by any person other than statutory political committees.

	سنست بيردي والمجرب الأفاق عليان		يخرين والمستوان والمناز والمناز		
DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP		1
RECEIVED (MM/DD/YR)	(if applicable) AND CHECK		TO CANDIDATE	RECSIVED	
	NUMBER		(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ID#	Winter, Floyd			1
	014"	2710 Abraham		\$	1
05-25-02	CK#	7,6,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7		10.00	
	ID#	Nero Doris		 	
	CK#	1821 W. 314		1	
05-25-02	CK#	Cedar falls IA 50613		10.00	
	ID#	Dennis Lovada	 		
	CK#	1034 W. 15-th	ľ		
05-25-02	CK#	Cedar falls IA 50613		10.00	
	ID#	Schoen felder, Melvin H.			
	CK#	on Meltace Do			
05-25.02		Pla Melrose Dr. Cedar folls IA 5061=	J ,	10.00	
	ID#	em Modd Chris		•	
	CK#	2621 Fundre Dr.			
05.a5-02	OK#	Cedar folls IA 50613		30.00	
	ID#	Wishmeyer w. Dean - Lois G.			
	CK# /8/-0	2125 Oxford Lane			
05-25-02	CK# 1859	Cedarfalls IA 50613		10.00	
] 1	D#	Love, Linda			
10				ľ	
05-97.02	2386	1404 Tremont St. Cedar Falls IA 50613	1	10.00	
j II	D#	Dennis Aaron		•	
	CK#	1801 Liv. Lane			
05-27.02		Eaden Prarie MN 55346		10.00	
li l		quegg Bruce w.			
	:K#	1203 Clay		j	
25-27-02		Cedar falls I A 50613		10.00	
IC	O#	Hall, Jon - Arléne			
05-27-02 C		3119 Grand Blod			
2/02/0	K# 3614	Codar falls IA 50613	4	20.00	
			SUB-TOTAL	. 00	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 4

TOTAL (if last page of this

schedule)